

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	3	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	14	↓	↓	↓	↓	↓	↓	↓
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TOTAL IND.		↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓	↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS